



# APPLICATION FOR PERMIT TO PRACTICE ACCOUNTANCY

State Form 46609 (R3 / 7-04)

Approved by State Board of Accounts, 2004

## INSTRUCTIONS TO APPLICANT:

The Indiana Board of Accountancy shall grant a permit to practice accountancy as a firm to applicants who meets the requirements under IC 25-2.1-5. Please complete the entire application and submit with fee to:

Indiana Board of Accountancy  
Indiana Professional Licensing Agency  
302 West Washington Street, Room E034  
Indianapolis, Indiana 46204-2700

Pursuant to IC 25-2.1-5-7, an applicant shall notify the Indiana Board of Accountancy in writing, not more than thirty (30) days after a change:

- (a) in the identities of partners, members, officers, or shareholders who work regularly in Indiana;
- (b) in the number or location of offices in Indiana;
- (c) in the identity of the individuals in charge of the offices; and
- (d) of the issuance, denial, revocation, or suspension of a permit by another state.

The personal information requested in this application is disclosed voluntarily. It is requested by statutory authority and will be treated as a matter of public record.

\* Federal ID number is requested by this agency in accordance with IC 4-1-8-1 and is not mandatory that it be given. Numbers are made available to the Department of Revenue.

Federal ID number \*

Date (month, day, year )

The firm known as \_\_\_\_\_ is engaged in the practice of public accountancy in this state and hereby makes application for a Permit to Practice Accountancy pursuant to IC 25-2.1-5.

This firm is a (check one ):

- ☐ Sole Proprietorship    ☐ Partnership    ☐ Professional Corporation    ☐ Limited Liability Company  
☐ Corporation    ☐ Limited Liability Partnership

1. The name and address of the principal office of the firm within the state of Indiana is:

Name of principal office

Telephone number

Address (number and street, city, state, ZIP code)

2. Other offices located within the state of Indiana (attach additional listing if necessary):

Office address (Street, city, ZIP code)	Name of office manager	Indiana PA-AP Certificate number	Indiana CPA certificate number	CPA of state other than Indiana

3. The name and Indiana certificate number of the sole proprietor (*if applicable*), each partner, member, officer, or shareholder who regularly works in Indiana. the total percentage of equity ownership and the voting rights of the licensees in the firm. Attach an additional 8 1/2" x 11" sheet if necessary.

Name of Sole Proprietor, Partner, Member, Officer, or Shareholder	Indiana Certificate Number	Percentage of Equity Ownership and Voting Rights

4. The name of each nonlicensed CPA/PA/AP partner, member, officer, or shareholder, job title, percent of ownership, and percent of time devoted to client service. Attach an additional 8 1/2" x 11" sheet if necessary.

Name of Partner, Member, Officer, or Shareholder	Job Title	Percent of Ownership	Percent Devoted to Client Service

5. The name and Indiana certificate number of each employee holding a certificate who regularly works in Indiana. Attach an additional 8 1/2" x 11" sheet if necessary.

Name of Employee	Indiana Certificate Number

5. The name and Indiana certificate number of each employee holding a certificate who regularly works in Indiana. *(Continued from previous page.)*

Name of Employee	Indiana Certificate Number

6. The name and out-of-state certificate number of each partner, member, officer, or shareholder who does **NOT** regularly work in Indiana. Attach an additional 8 1/2" x 11" sheet if necessary.

Name of Partner, Member, Officer, or Shareholder	State of Licensure	Certificate Number <i>(if applicable)</i>

7. List each state in which the applicant / firm has applied for or holds a permit to practice accountancy as a firm. List any past denial, revocation, or suspension of a permit by another state. Attach an additional 8 1/2" x 11" sheet if necessary.

Name of Applicant / Firm	State of Licensure	Certificate Number <i>(if applicable)</i>	Status

Signature of Indiana Certificate Holder	Date <i>(month, day, year)</i>
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